

STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

RECEIVED
OCT 11 2013
S.D. SEC. OF STATE

1. TITLE OF NEWSPAPER <u>The Bison Courier</u>		2. DATE <u>10-10-13</u>
3. FREQUENCY OF ISSUE <u>Weekly</u>	3A. NO. OF ISSUES PUBLISHED ANNUALLY <u>52</u>	3B. ANNUAL SUBSCRIPTION PRICE \$ <u>34</u> local <u>\$39</u> other <u>+ tax</u>
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) <u>PO Box 429 122 A West Main St. Bison, Perkins Co, SD 57620</u>		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) <u>(on back)</u>		
6. FULL NAME OF PUBLISHER: <u>Donald Ravellette</u>		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">FULL NAME <u>(on back)</u></div> <div style="width: 45%;">COMPLETE MAILING ADDRESS <u>(on back)</u></div> </div>		
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.) <u>(on back)</u>		
9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run)	<u>800</u>	<u>800</u>
B. PAID AND/OR REQUESTED CIRCULATION		
1. Sales through dealers and carriers, street vendors and counter sales.	<u>101</u>	<u>108</u>
2. Mail Subscription (Paid and or requested)	<u>580</u>	<u>550</u>
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)	<u>681</u>	<u>658</u>
D. FREE DISTRIBUTION		
1. BY MAIL, CARRIER OR OTHER MEANS	<u>52</u>	<u>52</u>
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	<u>—</u>	<u>—</u>
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	<u>733</u>	<u>710</u>
F. COPIES NOT DISTRIBUTED		
1. Office use, left over, unaccounted, spoiled after printing	<u>58</u>	<u>76</u>
2. Return from News Agents	<u>9</u>	<u>14</u>
G. TOTAL (Sum of E, F1 and F2 – Should equal net press run shown in A)	<u>800</u>	<u>800</u>

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public

I swear that the statements made by me are true, correct, and complete:

Donald Ravellette

(Signature)

Publisher / President

(Title)

State of South Dakota)

County of Haakon)

(Seal)

Sworn to before me this 10 day of Oct, 2013

Jolene Haynes

Notary Public

My commission expires: 4-3-2015